



Employer Name	
Employer #	
Street Address 1	
Street Address 2	
City/State/ZIP	

Employer understands that disbursements from the Prefunding Plan are governed by the terms of the *Agreement and Election to Prefund Other Postemployment Benefits (Agreement)*. Authority to request disbursements has been delegated by the governing board of the agency to the undersigned.

Rev 02232009

## California Employers' Retiree Benefit Trust Disbursement Request

The undersigned is/are authorized to request disbursements, under the terms of the *Agreement* from the CERBT. The undersigned certify that the payment information provided above is accurate, and that reimbursement requested is for other post employment benefit costs paid by the employer. **For amounts in excess of ten thousand dollars, signatures of two authorized employer representatives are required.**

Authorized Employer Representative Printed Name	Title	Telephone Number
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Signature	Email address	Date
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Authorized Employer Representative Printed Name	Title	Telephone Number
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Signature	Email address	Date
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### Mail Completed CERBT Disbursement Request to the following address:

CalPERS-Constituent Relations Office  
CERBT/OPEB  
PO Box 942709  
Sacramento, CA. 94229-2709

Please direct any questions concerning the Prefunding Plan to 1-888-225-7377 or to [CORE4U@calpers.ca.gov](mailto:CORE4U@calpers.ca.gov)

### *For CalPERS use only*

Received by CORE:		Confirmed Authorized Employer Representative	
CERBT Contract Eff. Date			
CalPERS Approved By:		Approval Date:	
FCSD:			
FCSD Approved by:		FCSD Approval Date:	
Claim Schedule number:		Claim Schedule Date:	

**Please deliver to: *Constituent Relations Office-CERBT/OPEB***

## California Employers' Retiree Benefit Trust Disbursement Request

Instructions to complete this form

1. Enter the name of the employer and its business address.
2. Report the name of the payee (service provider or other) to which payments for other post employment benefits (OPEB) were made by the employer. Record the total OPEB payments made to the OPEB Provider (see example below). Trust disbursements can be made only for OPEB costs in accordance with the terms of the "Agreement and Election to Pre-fund Other Post Employment Benefits Through CalPERS" (Agreement). The payment period cannot pre-date the effective date of the Agreement.

<u>OPEB Provider</u>	<u>OPEB Cost Paid</u>	<u>Payment Period</u>
Blue Shield	\$151,368	Apr 2007 – Jun 2007
Delta Dental	\$27,842	Apr 2007 – Sep 2007
Total CERBT Disbursement Request	\$179,210	XXXXXXXXXXXXXXXXXX

3. The form must be signed by incumbents of positions authorized to request CERBT disbursements. These positions are named in the "Delegation to Request Disbursements" on file with CalPERS. For amounts in excess of ten thousand (\$10,000), two signatures are required.
4. Disbursements will be made payable to the employer and sent to the employer's business address on record with CalPERS, attention of an authorized employer representative who signed this Disbursement Request. Disbursement requests that satisfy the Agreement and are received on or after the 1st of the month by the CalPERS Constituent Relations Office will be processed by the 15<sup>th</sup> of the following month.

**Please deliver to: *Constituent Relations Office-CERBT/OPEB***